



SUMMER 2020 STUDENT MEDICAL FORM

Student: _____ **Home Phone:** () _____
Last Name First Name Middle Initial

Birth Date: _____ **Age:** _____ **Sex:** M F **Grade Entering:** _____

Address: _____ **Zip Code:** _____
Street City State

MEDICAL EMERGENCY RELEASE

In the case of a medical emergency, the School will make every effort to contact you as soon as possible.

Parent #1 _____ **Parent #2** _____ **Emergency Contact** _____
Cell# _____ **Cell#** _____ **Home#** _____
Work# _____ **Work#** _____ **Work#** _____

In case we cannot reach you, we need your consent to allow the staff to secure the necessary health care in an emergency.

Please read the following disclaimer and sign below.

By signing below, the above named student (and parent(s) or guardian also signing below if the student is under 18 years of age), represent to The Harlem School of Arts that each of the person signing below understands the risks of injury that are described below, and agrees that the above named student assumes all risks associated with participation in activities offered by the School, including without limitation, dance classes, theater classes, music classes or visual arts classes, workshops or activities within. By signing below, the above-named student (and parent(s) or guardians also signing below if the student is under 18 years of age), further agree to hold harmless the School, its agents, Directors, officers and employees all as set forth below.

I am aware that participation in the classes can be dangerous activity involving MANY RISKS OF INJURY. I hereby voluntarily assume all risks associated with participation and agree to hold harmless the School, its directors, officers, employees, and agents for all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in conjunction with my participation in any activities related to the classes, including, but not limited to, any medical care given to me and the transportation connected therewith, except for gross negligence. The terms of this agreement shall serve as a release and assumption of risk for me, my parent (s) or legal guardian who has signed below, heirs, estate, executor, administrators, assignees and all members of my family.

To the best of the knowledge of each person signing below, the student named above is in good health and suffers no disability or condition which renders his or her participation in the classes or other activity inadvisable, or otherwise limits his or her ability to participate in such activity dance or theater activity or other activities without restriction.

I hereby authorize all representatives of the School to obtain in my behalf first aid, medical care, or if necessary admission to an appropriate health care facility, including, but not limited to, anesthesia and surgery, should such care become necessary for the treatment of any injuries I may sustain while attending the School. I also hereby consent to the administration of emergency medical treatment in the event I am unable subsequent to such injury; to give consent as otherwise would be necessary.

Any qualified medical personnel are hereby notified that this authorization is currently in effect as such personnel are directed to act upon such authorization without delay. I understand that reasonable efforts will be made to contact parents, the student's physician and/or emergency numbers given by me on this form.

Signature of Parent/Legal Guardian: _____ Date: _____

HEALTH INSURANCE INFORMATION		
Name of Insurance Carrier:	Telephone Number:	
Address:		
Name of Subscriber:		
Type of Policy:	Policy Number:	ID Number:

PLEASE ATTACH COPIES OF YOUR HEALTH INSURANCE AND PRESCRIPTION PLAN (if any) CARDS TO THIS FORM

If you belong to an HMO and would like your child referred to a specific primary care physician or specialist, please indicate in writing.

HEALTH HISTORY
Allergies (including environmental):
Chronic Illnesses:
Medications:

MEDICAL REPORT: *To be completed by your child's health care provider*

Annual medical checkups are required to attend The Harlem School of Arts.

IMMUNIZATION RECORDS

According to NY state law, all students must have the following:

1. Two measles shots after their first birthday
2. One mumps, one rubella after their first birthday
3. Diphtheria/tetanus booster shot within the past 10 years
4. Tuberculin test within the past two years, if previously negative.

Students who are not in compliance with New York State Immunization laws will not be able to attend The Harlem School of the Arts.

All exemptions must be approved, in writing, by the New York City Department of Health.

ATTENTION FOREIGN STUDENTS: You must comply with NY State regulations concerning tuberculosis control. Every student must have a PPD test. BCG immunization does not exempt students from this requirement. If you had a BCG one year ago or more, you must have a PPD test and, if positive, you must have a chest X-ray and be placed on preventative antibiotic treatment. Students who are not complaint will be sent to the Department of Health for evaluation.

I verify that all immunizations are up to date for this student. Yes: _____ No: _____

Height: _____ Weight: _____

Ballet training requires each student to be able to complete and participate in a full range of physical activities. I certify that this student is physically capable of participating in ballet training.

Signature of Healthcare Provider _____
Date

Print or type the Name of the Healthcare Provider